

CALIFORNIA MEDICAL ASSOCIATION

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DONALD A. CHARNOCK, M.D.....	Vice-Speaker	DWIGHT L. WILBUR, M.D.....	Editor
JOHN HUNTON.....		Executive Secretary	

NOTICES AND REPORTS

Council Meeting Minutes

Tentative Draft: Minutes of the 346th Meeting of the Council of the California Medical Association, Los Angeles, September 20-21, 1947.

The meeting was called to order by Chairman Bruck in Conference Room No. 5 of the Biltmore Hotel at 10:10 a.m., Saturday, September 20, 1947.

1. Roll Call:

Present were President Cline, President-Elect Askey, Speaker Alesen, Vice-Speaker Charnock, Councilors Bruck, Shipman, Ball, Crane, Kneeshaw, Lum, MacDonald, Green, Cherry, MacLean, Hoffman and Thompson, Secretary Garland and Editor Wilbur. A quorum was declared present and acting.

Present by invitation were Legal Counsel Hassard, Executive Secretary Hunton, Assistant Executive Secretary Wheeler, Legislative Chairman Dr. D. H. Murray, Mr. Rollen Waterson, Executive Secretary of the Alameda County Medical Association, Public Relations Counsel Clem Whitaker, and Mr. Ed Clancy, associated with Mr. Whitaker.

2. Approval of Minutes:

(a) Minutes of the 345th Council meeting, held June 21-22, 1947, were approved.

(b) Minutes of the 204th Executive Committee meeting, held August 6, 1947, were approved.

3. Membership:

(a) A report of membership as of September 19, 1947, showing 8,739 active members, was received.

(b) Upon motion duly made and seconded, 126 members whose 1947 dues had been received since June 22, 1947, were reinstated to active membership.

(c) Upon motion duly made and seconded, Dr. Jack K. Ransom of Stanislaus County was elected to retired membership.

(d) Upon motion duly made and seconded, Drs. L. P. Fleming of Fresno County and R. G. Frey of Tehama County were elected to Life Membership. Two other applicants for Life Membership, Drs. W. J. Avery and L. R. Willson of Fresno County, were elected as life members provided they comply with the dues requirements for such membership.

(e) Upon the request of the component county

medical societies, it was regularly moved and seconded and voted to elect Drs. Lewis G. Jacobs, James W. Moreland and Robert J. Parsons of Alameda County and Dr. J. B. Askew of San Diego County to Associate Membership.

4. Financial:

(a) A report showing cash balances as of September 10, 1947, was received and ordered filed.

(b) A report showing the Association Balance Sheet as of August 31, 1947, was received and ordered filed. A report of income and expenditures for August and for the first two months of the fiscal year was previously mailed to the Council.

5. Committee Appointments:

(a) The Chairman announced the membership of a Committee on Awards, which will be responsible for determining the award winners for scientific exhibits and also for papers of outstanding merit submitted by internes, residents and junior physicians at the Annual Session. This committee consists of Drs. Edward B. Dewey of Pasadena, Emile Holman of San Francisco, E. Richmond Ware of Los Angeles and Wm. J. Kerr of San Francisco. This committee has been authorized to appoint a secret committee of judges if it wishes.

(b) The Chairman announced the membership of a Committee on Councilor Districts, as authorized by the 1947 House of Delegates. This committee consists of Dr. G. Dan Delprat of San Francisco, chairman; William N. Makaroff of Guerneville, Orrin C. Cook of Sacramento, T. C. Lawson of Oakland, Ruth A. Frary of Watsonville, Alfred B. Wilcox of Santa Barbara, F. R. Guido of Visalia, George Caldwell of Hollywood and A. E. Moore of San Diego.

The Chairman read a letter which had been sent by the chairman of this committee to the members, outlining the objectives of the committee, detailing the present status of Councilor Districts and requesting suggestions for committee consideration.

(c) The Chairman announced the membership of a Committee on Constitution and By-Laws as authorized by the 1947 House of Delegates. This committee consists of one member each from the nine Councilor Districts and one member each from the

seven largest component county medical societies. The Council selected from the nine Councilor Districts Drs. Dudley Saeltzler of Sacramento, George I. Dawson of Napa, J. Marion Read of San Francisco, Leslie B. Magoon of San Jose, J. E. Young of Fresno, A. A. Morrison of Ventura, Paul A. Quaintance of Los Angeles, Sam J. McClendon of San Diego and Lester B. Lawrence of Oakland. Their respective county societies selected Drs. A. E. Varden of San Bernardino, John C. Wilson of San Jose, Bryant R. Simpson of San Diego, Orrin C. Cook of Sacramento, William G. Donald of Oakland, G. Dan Delprat of San Francisco and Edmund T. Remmen of Los Angeles.

The Chairman asked suggestions for a temporary chairman for this committee and on nominations duly received, it was regularly moved, seconded and voted that Sam J. McClendon of San Diego be elected temporary chairman.

6. American Medical Association:

Dr. Dwight H. Murray reported on several matters which had recently come before the Board of Trustees of the American Medical Association, of which he is a member.

One item concerned the need of providing some health inspection, particularly for tuberculosis, of immigrants coming to the U. S. from other countries where health standards and tuberculosis control are not on the American level. Dr. Murray suggested that the Association take some action to urge that proper examinations be required for immigrants. On motion duly made and seconded, the Council unanimously voted that an appropriate resolution be prepared for introduction into the A.M.A. House of Delegates by the California delegation.

Dr. Murray also discussed the advisability of providing for the affiliation of medical students and hospital junior staff members with organized medical groups. It was pointed out that this subject had come before the C.M.A. 1947 House of Delegates. On motion duly made and seconded, it was voted that a committee of six members should be appointed to consider this question and report to the next C.M.A. Annual Session on recommended means to bring about the affiliation of medical students and junior hospital staff physicians with the Association, the President of the Association to serve as chairman of the committee and the other five members to be selected because of their knowledge of the operation of the five medical schools of the State.

7. Prepayment Medical Care Plans:

Dr. Green discussed a recent report offered by Dr. Sidney Garfield and associates to establish a physician in Petaluma if the C.I.O. in that area would agree to secure medical care contracts from 200 of its members and their families. He stated this represented a spreading out of the "Permanente Foundation" and stated his belief that the word "Foundation" in the title of this organization might be misleading to the public. Dr. Cherry commented on the operations of the "Permanente plan" in the Fontana area and Mr. Whitaker stated that the Health

Service System of San Francisco, from which more than 800 of the present 985 panel physicians are about to resign, has reported been dealing with "Permanente" to provide service in case the private physicians' resignations become effective.

After considerable discussion, it was regularly moved, seconded and voted that the following resolution be adopted:

WHEREAS, The Council of the California Medical Association on August 12, 1945, adopted basic "Principles on Health Insurance" which were published in *California and Western Medicine* at page 61* of the August, 1945, issue, and

* It is in the public interest that the California Medical Association, representing the doctors of medicine practicing their profession in the State of California, publicly make known the principles which should form the basis of any health insurance program, and from which there should be no material deviation if the public welfare is to be properly and adequately protected. The public health and good medical practice are inextricably interwoven and interdependent.

This statement is made with the understanding that the public is entitled to the best possible quality of medical service and access thereto. The medical profession must be in a position to render such service if the best interests of the public are to be served.

The manifold and constant advances in the science and practice of medicine are put to public benefit only when they can be utilized by an alert and progressive medical profession. The public is entitled to profit by all scientific advances and the public welfare demands that the medical profession have complete scientific freedom in their application.

PRINCIPLES

Any sound health insurance program should fulfill each of the following basic points:

1. It is of primary importance that the people should be enabled to provide for the costs of illness on a regular budget basis during periods of good health and stable earning power, so that they may have a medical-economic security. It is vital, however, that the distribution of costs should be undertaken in a manner which will still guarantee the finest possible medical care and which will prevent any deterioration in the quality of medical service.
2. To serve the ultimate public interest any health insurance plan must:
 - a. Be voluntary and not compulsory in nature,
 - b. Retain individual initiative in medical practice, so that the incentive for further advance in scientific medicine may continue.
 - c. Fully protect the freedom of choice, both of the patient in choosing a physician and of the physician in choosing his community, type of practice and professional procedures,
 - d. Offer medical care in cooperation with allied services against serious illness or injury,
 - e. Offer participation at a cost within the means of all employed persons and income-receiving families, and
 - f. Provide a fair reward to those rendering the service which will give continued stimulus to scientific medical development and sound medical practice.
3. The function of state government should be to encourage voluntary health insurance programs but not regiment the patient and the medical profession or operate compulsory health insurance plans established by political means; to further this function, the state should cooperate with medical and allied professional groups to provide the availability of medical and associated care through acceptable prepayment plans in areas where a shortage of medical and hospital facilities exists.
4. It is in the public interest that the human factor in medical care be thoroughly recognized; the sanctity of the patient-physician relationship must be maintained and the method of providing medical care must not become enmeshed in bureaucratic red tape and a system of tickets, coupons, questionnaires and other political controls and delays.
5. It is essential for the public welfare that there exist in each state a complete inventory of all medical resources and facilities. It is in the public interest that a coherent and comprehensive educational program be undertaken, preferably by responsible authorities and the medical profession in a coordinated effort, to advise all the people of the state on the facilities and services available to them in the event of need and to encourage sound public health measures for the prevention of both accidental and non-accidental illnesses and injuries.
6. There should be a coordinated program on the part of all groups concerned with this problem, directed to the extension of voluntary health insurance plans, so that our people may systematically provide for their health care on a budget basis.

WHEREAS, Said principles on health insurance specify the conditions which any health insurance plan, public or private, should fully meet, and

WHEREAS, It is the sense of the Council of the California Medical Association that members of the Association ought not to participate in health insurance plans unless they fully comply with these principles on health insurance, and

WHEREAS, Section 2(d) of Chapter 2 of the By-Laws of the California Medical Association provide that any active member of a component county society shall be subject to disciplinary proceedings in the event of violation of any of the By-Laws of the California Medical Association or any of the principles of medical ethics promulgated from time to time by the California Medical Association, and

WHEREAS, It is in the best interests of the California Medical Association, its component county societies and its members that the principles on health insurance heretofore adopted be incorporated in the By-Laws of the California Medical Association as one of the principles of medical ethics of the Association, now therefore be it

Resolved, That the Council shall recommend to the House of Delegates at the next regular or special session of the House of Delegates that the principles on health insurance heretofore adopted by the Council be approved and ratified by the House of Delegates, and that all component county societies and members be notified of such action.

8. *California Tuberculosis and Health Association:*

Dr. Askey, chairman of a C.M.A. committee to meet with a committee from the California Tuberculosis and Health Association, reported on a meeting held September 14, 1947, by the joint committee, at which progress was made in removing misunderstandings between the two organizations. On motion by Shipman, seconded by Cherry, it was voted that this committee be continued and that cooperation with the California Tuberculosis and Health Association be sought.

9. *1948 Annual Session:*

Dr. Garland reported on a meeting of the Committee on Scientific Work, at which general plans for the 1948 Annual Session were laid. The committee contemplates a meeting in San Francisco, headquarters to be in the Hotel St. Francis, with meetings in that hotel, the Sir Francis Drake Hotel and the Geary and Curran theaters.

On motion by Askey, seconded by Green, it was voted that the Committee on Scientific Work be empowered to arrange for five guest speakers at the Annual Session, one guest to be invited by the President, one by the Section on General Medicine, one by the Section on General Surgery and two each year by the other specialty sections in alphabetical rotation.

On motion by Cline, seconded by Green, it was unanimously voted to extend to Dr. George Lull, Secretary and General Manager of the American

Medical Association, an invitation to appear as a guest speaker on the 1948 Annual Session program.

10. *Recess:*

At this point, 4:00 p.m., it was voted to recess until 9:30 a.m., Sunday, September 21, 1947.

11. *Reconvention:*

The meeting reconvened at 9:40 a.m., Sunday, September 21, 1947. On roll call, the Officers and Councilors reported present on September 20 were recorded present and a quorum was declared present and acting. Also present by invitation were Dr. Wilton L. Halverson, State Director of Public Health, Dr. Lowell S. Goin and Dr. Donald Cass, representing the Board of Trustees of California Physicians' Service, and Mr. E. R. Paolini, auditor of C.P.S.

12. *Committee on Postgraduate Activities:*

Dr. Garland reported on a meeting of the Committee on Postgraduate Activities and outlined several proposals the committee wished the Council to consider for the extension of postgraduate activities throughout the rural areas of the State. After discussion of the various proposals, it was moved by MacDonald, seconded by Hoffman and voted that the Committee on Postgraduate Activities be empowered to secure the services of a physician on a part-time or full-time basis at a salary of \$6,000 to \$12,000 annually, who would coordinate existing postgraduate work, maintain up-to-date information in a special page of the Journal and arrange for suitable postgraduate courses in areas outside the three metropolitan centers of the State. This physician would work under the direction of the committee, through the Association office, and would be selected and his compensation determined through the Executive Committee.

13. *Committee on Medical Economics:*

Dr. MacLean reported on progress by the Committee on Medical Economics in studying the problem of relationships between individual physicians and their patients. The committee has proposed that a thorough statistical study be made of cases of ill feeling which have arisen in various counties and have called for handling by the Bureau of Medical Economics. This study would cover cases in Alameda, San Francisco and Santa Clara counties and would be used as the basis for determining a program to improve the individual relationships between doctors and their patients. This survey would be started under the initial appropriation of \$2,500 made by the Council for the work of the committee but Dr. MacLean stated that the completion of the work might require an additional \$2,500 because of the personnel needed. On motion by Cline, seconded by Hoffman, it was voted that an additional \$2,500 be authorized for this survey, if needed.

14. *Advisory Planning Committee:*

Mr. Hunton, chairman, reported on a meeting of the Advisory Planning Committee with Dr. MacLean,

chairman of the Committee on Medical Economics, at which the Advisory Planning Committee had reviewed the proposed survey plan of Dr. MacLean's committee and had voted unanimously to recommend to the Council that it be adopted. The Advisory Planning Committee had also voted to recommend that a section on medical economics be established, under the direction of the Committee on Medical Economics, to hold one or more meetings at each annual session for the discussion of business, economics and public relations problems involved in the practice of medicine. Inasmuch as the Committee on Scientific Work was already planning a medical economics meeting for the Annual Session, no action was taken on this proposal.

15. *C.P.S. Fee Schedule Committee:*

Dr. Cline reported that Dr. W. L. Bender, chairman of a fee schedule committee established by the Council, was disturbed because the committee had not been given a report to date on any action taken on the recommendations of the committee, which were forwarded to the C.M.A. and through the Council to the Trustees of C.P.S. Mr. Hassard reported that action had been taken on some of the committee's recommendations and was under consideration on others. On motion by Cline, seconded by MacDonald, it was voted that the Council request the Board of Trustees of C.P.S. to furnish Dr. Bender and his committee with a report on the recommendations made by his committee and any action taken or contemplated on them.

16. *Palo Alto Clinic:*

The chairman read several letters which had passed between physicians in Santa Clara County and the Association office and legal counsel in regard to the effectiveness of working agreements made between officers of Stanford University and the Santa Clara County Medical Society and the C.M.A. for student health service at Stanford. Some physicians in Palo Alto expressed the belief that the spirit of these agreements was not being lived up to and that there should be a closer contact between the C.M.A. and Stanford University in this regard. On motion by MacDonald, seconded by Alesen, it was voted that the Council Chairman should request Dr. Donald Tresidder, President of Stanford University, to supply the Council with copies of all material bearing on the student health service, including publicity releases, which is to be given to students enrolling in the University.

17. *California Physicians' Service:*

Dr. Lowell S. Goin, President of the Trustees of California Physicians' Service, reported that the beneficiary membership as of August 31, 1947, was more than 508,000. The emphasis in enrollments is now on increasing the percentage enrollment in existing groups rather than gaining new groups. He also reported on a Santa Clara County meeting of August 21, at which C.P.S. representatives joined with C.M.A. officers and C.M.A. public relations

counsel in explaining C.P.S. and C.M.A. policies in regard to prepayment plans and public relations. Dr. Goin also reported that Dr. Albert M. Meads of Oakland had been appointed a Trustee of C.P.S. to succeed Dr. Donald D. Lum, resigned. He also stated that C.P.S. had recovered between \$80,000 and \$90,000 from the Veterans' Administration for administrative expenses beyond the 7 per cent originally calculated in the Veterans' Administration contract.

Dr. Goin stated that the Board of Trustees of C.P.S. had voted to request the Council to continue a C.P.S. fee schedule committee.

Dr. Donald Cass reported on the formation of a permanent joint operation committee by C.P.S. and Hospital Service of Southern California. This committee has held one meeting and Dr. Cass stated the outlook for smooth joint operations by and between the two organizations was very good.

Mr. Paolini gave a report on the financial status of C.P.S. and estimated that by December a decided improvement in operating results will become apparent.

18. *New Mexico Physicians' Service:*

Mr. Hunton reported on his visit to New Mexico Physicians' Service in conformity with instructions given at the 345th Council meeting. He conferred with Dr. John Conway, President of New Mexico Physicians' Service, Mr. Louis J. LaGrave, Executive Director of New Mexico Physicians' Service, and Mr. Charles Johnson, President of the Board of Trustees of Hospital Service, Inc., the Blue Cross program in New Mexico.

The difficulties between New Mexico Physicians' Service and Hospital Service are traceable to personality clashes, resulting in refusals to hold joint meetings, whispering campaigns against individuals and other evidences of non-cooperation. Hospital Service, Inc., had attained a membership of about 3,000 in its own operations prior to formation of New Mexico Physicians' Service. In its joint operations with New Mexico Physicians' Service since April 1, 1946, this membership has risen to more than 10,000 and the enrollment of N.M.P.S. has reached about 8,000.

New Mexico Physicians' Service operated at a loss of \$7,342 for the final nine months of 1946, its first fiscal period, and for the first seven months of 1947 has shown an operating profit of \$4,442, making a deficit of \$2,900 as of July 31, 1947. Of the first seven months of 1947, five have shown an operating profit of from \$403 to \$2,960 and two have shown losses of \$735 and \$751. As of July 31, 1947, N.M.P.S. showed current assets of \$18,785 and current liabilities of \$2,587. On the same date the balance sheet shows cash advances of \$11,250 from the California Medical Association and \$8,900 from physicians in New Mexico. All physicians' claims for services were paid up to date and a liquidation on that date would have permitted the payment of 80 per cent of the funds advanced by the C.M.A. and by New Mexico physicians.

New Mexico Physicians' Service has been attempting to attain a straight joint operating agreement with Hospital Service, Inc., under the direction of a single executive but has not received much encouragement from Hospital Service toward that end. At present it is reported that Hospital Service, Inc., is discussing with Occidental Life Insurance Company the possibility of that company's writing surgical or medical indemnification insurance in conjunction with Hospital Service's hospitalization coverage; at the same time, N.M.P.S. is considering the activation of a non-profit corporation which it has already formed for the purpose of writing hospitalization coverage if that course is deemed advisable. N.M.P.S. feels that its own hospitalization program would receive the support of all thirty hospitals in the State with the single exception of the Presbyterian Hospital in Albuquerque, which until recent months has supplied seven of its officers or employees as members of a nine-man directorate of Hospital Service, Inc. More recently, N.M.P.S. was requested to name three physicians as members of this board; the physicians have been named but have found that the operations of Hospital Service, Inc., are controlled by a small executive committee which does not include physicians.

Mr. Hunton reported a most cordial feeling toward the C.M.A. by the physicians of New Mexico and a desire on their part to discontinue the monthly loan which the C.M.A. has granted N.M.P.S. No date for discontinuance of the loan has yet been determined but will be at the earliest practicable date.

19. *Industrial Fee Schedule:*

Dr. Donald Cass, Chairman of the Committee on Industrial Practice, reported that the committee has solicited suggestions for revision of the present schedule of fees for industrial accident cases. These suggestions will be collated by the committee and any suggestions by the committee will be brought before the Council.

Dr. Cass also reported on a series of industrial health shows which have been staged in various cities under the supervision of the Council on Industrial Health of the A.M.A. He gave the Council the suggestion from the A.M.A. that a full or part-time physician be appointed to travel throughout the State to stage industrial health exhibits and to appear before service clubs and other civic organizations to promote better industrial health conditions.

20. *California Hospital Survey:*

Dr. Shipman, Council Vice-Chairman, assumed the chair and read a letter from Dr. Lowell S. Goin under date of July 23, 1947, and a letter from Dr. Wilbur Bailey under date of September 11, 1947, both criticizing statements included in a report entitled "Survey of Hospital Facilities in California—Preliminary Report" recently issued by the California State Department of Public Health. The statements criticized concerned the advocacy of hospitals as the desirable location for all diagnostic and therapeutic procedures to take place. On motion by

Kneeshaw, seconded by Shipman, it was unanimously voted that the Council go on record as favoring the sentiments expressed in these two letters and forward copies of the Council resolution to the members of the Governor's Advisory Council on Hospital Facilities, which was responsible for the report.

Dr. Wilton L. Halverson, State Director of Public Health, stated that there were doubtless some errors contained in this preliminary report which would not be contained in the final report. He also stated that when and if hospitals are located in rural areas under a coordinated hospital construction program it will be the policy of the Department of Health to encourage physicians to locate their offices within or adjoining the hospitals.

21. *State Department of Public Health:*

Dr. Wilton L. Halverson, State Director of Public Health, reported on the establishment of a field training program for workers in the field of poliomyelitis and on other projects of his department. These were reported in the minutes of the 204th meeting of the Executive Committee, approved by this meeting.

22. *Blood Banks:*

The chairman digested actions taken to date in working toward a coordinated program of blood banks in California and reported on the agreement of the C.M.A., the State Department of Public Health and others as early as November, 1946, to work for the establishment of community blood banks in selected areas throughout the State. He also commented on some activities of the American Red Cross in its newly-developed national plan of blood banks. Dr. Thompson and Dr. Halverson also referred to Red Cross activities in this field and there was general discussion.

On motion by MacDonald, seconded by Askey, the following resolution was unanimously adopted:

WHEREAS, The dangers, technicalities, and complexities involved in the procurement, processing and transfusion of human blood such as the determination of the Rh factor, the danger of transferring virus diseases and homologous serum jaundice and the possible spread of malaria, syphilis and various other serious infectious diseases, etc., have been rapidly increasing, therefore be it

Resolved, That the following basic principles form the long term policy of the California Medical Association with respect to the transfusion of blood and the establishment of blood banks:

1. That all blood banks be owned and/or directly controlled by county medical societies.

2. That regional blood banks be established in general conformity with the statewide plan outlined by the joint committee of the California Medical Association, the California State Board of Health and others, as set forth in a report entitled "Report on Blood Bank Services in California" submitted by the State Department of Public Health to the Governor and the Legislature in January, 1947.

3. That the control of standards in these banks be under the supervision of the State Board of Health

to the extent and as set forth in S.B. 1257, introduced in the 1947 Legislature as finally amended on June 5, 1947.

4. That these banks operate on a non-profit principle with charges for blood placed at actual cost.

5. That the cooperation and assistance of civic, fraternal, religious, charitable, labor and business organizations be sought in order to stimulate interest in and donors for such blood banks.

6. That the California Medical Association stands ready to assist county medical societies or groups of such societies in implementing the policies outlined above.

On motion by Cline, seconded by MacDonald, the following resolution was unanimously adopted:

Resolved, That the Council of the California Medical Association express to the American Red Cross its appreciation of the interest which the American Red Cross has manifested in the furnishing of blood and blood fractions to the public of the State of California, and be it further

Resolved, That the Council of the California Medical Association express its opinion that the proper function of the American Red Cross in the provision of blood and blood fractions is and should be limited to the procurement of donors and the transportation of blood, and be it further

Resolved, That it is not the proper function of the American Red Cross to establish and maintain facilities for the processing and provision of blood or blood fractions, and be it further

Resolved, That copies of the resolutions be forwarded at once to all component county societies and to such representatives of the American Red Cross as are interested, to each state society and to the American Medical Association.

23. *Alternate Delegate to American Medical Association:*

The Chairman called attention to the fact that Dr. Ralph Eusden had been elected a Delegate to the American Medical Association at the C.M.A. 1947 Annual Session and that his election had left a vacancy for the position he had previously held as Alternate to Dr. Donald Cass, Delegate. Dr. Ewing L. Turner of Los Angeles was nominated to fill this vacancy until the next meeting of the C.M.A. House of Delegates and was unanimously elected.

24. *Public Policy and Legislation:*

(a) Mr. Whitaker reported a highly satisfactory response to the initial issue of *C.M.A. Public Relations News* which was authorized at an earlier meeting. He also stated that the public response to the radio program on its new 30-minute Sunday afternoon hour was greatly improved over the former 15-minute evening program. Mr. Whitaker also reported that more than 800 of the 985 San Francisco physicians serving on the panel of the Health Service System of California had signed resignations from the service, to become effective when and if a committee of the San Francisco County Medical Society so decides.

Mr. Whitaker also reported on the cordial reception given the C.M.A. radio program "California Caravan" by the State Congress of Parent-Teacher Associations and suggested that the Association express its thanks for this support. It was regularly moved, seconded and voted that the President write a letter of appreciation.

(b) Dr. Murray reported on the Washington legislative situation and suggested that all California physicians who are to appear before Congressional committees should clear their appearances and testimony through the Washington office of The United Public Health League. This would remove any chance of ambiguity or unrelated efforts in any movement by American medicine as a whole.

Dr. Murray also reported a request which had been received from Hon. Alfred W. Robertson, chairman of a joint legislative committee to study revision of the California State Constitution, asking that a representative of the C.M.A. be named to an advisory committee. On motion duly made and seconded, it was voted that Dr. John W. Cline be named to this appointment.

26. *California State Nurses Association:*

A request from the California State Nurses Association was presented, asking that the C.M.A. act to encourage the issuance of standing orders for industrial plant nurses by industrial physicians. On motion duly made and seconded, it was voted to refer this matter to a committee headed by Dr. Peter Blong of Alhambra, which is already in contact with a liaison committee from the California Nurses Association.

27. *Agenda of Council Meetings:*

On motion by Lum, seconded by Green, it was voted that the agenda of Council meetings be prepared and mailed to all Councilors at least a week in advance of the meeting date, together with copies of letters or other items which merit advance study by the Councilors.

28. *Time and Place of Next Meeting:*

It was agreed to hold the next Council meeting in San Francisco on Saturday and Sunday, December 20 and 21, 1947.

29. *Adjournment:*

There being no further business to come before the meeting, it was voted to adjourn at 4:15 p.m.

Executive Committee Minutes*

The 204th meeting of the Executive Committee of the California Medical Association was called to order by Chairman Sidney J. Shipman at the Family Club, San Francisco, August 6 at 7:15 p. m.

1. *Roll Call:*

Present were Chairman Shipman, President John

* These minutes and the actions taken by the Executive Committee will be subject to approval by the Council at its next meeting.

W. Cline, Council Chairman Edwin L. Bruck, Editor Dwight L. Wilbur (ex-officio) and, by invitation, Doctor Wilton L. Halverson, State Director of Public Health, and Mr. John Hunton, Executive Secretary.

Absent: President-Elect E. Vincent Askey, Speaker L. A. Alesen and Secretary L. Henry Garland (ex-officio).

2. *State Department of Health:*

(a) Doctor Halverson presented an outline of a field training program of the State Department of Health, to be carried on under a four-year grant of \$104,500 from the W. K. Kellogg funds. This program would train health officers, public health nurses, sanitariums and other technicians and would aim at increasing the supply of trained personnel available for public health work. The Kellogg grant would start at \$55,500 the first year, decrease to \$32,000 the second year, to \$12,000 the third year and \$5,000 the fourth year. This grant would be for the purpose of providing a demonstration of the adequacy of a field training program, with the thought that such a program, if successful, could be financed from other funds for future years.

Doctor Halverson suggested that representatives of the California Medical Association might sit on a committee to direct this program.

(b) Doctor Halverson discussed the Crippled Children's program and presented tables showing the cases treated, an outline of the law and other material. It was agreed a wider distribution of professional personnel serving the program should be obtained if possible.

(c) Doctor Halverson discussed the Red Cross blood bank program in terms of the California situation. He was advised that the Council had voted that local county medical society approval should be secured where Red Cross blood banks were to be established.

(d) Doctor Halverson discussed proposed changes in the regulations governing clinical laboratories, these amendments to be discussed by the State Board of Health at a coming meeting. The intent of the proposed changes would be to require more exact education prerequisites for the granting of licenses to technologists.

3. *Contract Practice:*

Doctor Shipman presented a draft of a resolution which would signify the intent of the C.M.A. Council not to approve any prepayment medical care plans which might be formed by more than one physician. It was agreed that this subject should be further discussed by the Council.

4. *Chamber of Commerce:*

Mr. Hunton presented the request of the California State Chamber of Commerce for continued support and on motion duly made and seconded, it was voted that the annual subscription of \$250 to the California State Chamber of Commerce should be continued this year.

5. *Adjournment.*

C.M.A. Annual Meeting April 11-14, San Francisco

The 1948 Annual Meeting of the California Medical Association will be held in San Francisco, April 11 to April 14, 1948, inclusive (Sunday through Wednesday). The Committee on Scientific Work anticipates an excellent attendance, especially in view of the fact that improved arrangements are being made for meeting places. It is planned to use the St. Francis Hotel, the Sir Francis Drake, the Curran Theatre, and the Geary Theatre. These four buildings are located within a block of each other and should provide excellent facilities.

INFORMATION FOR AUTHORS, MEMBERS OF SYMPOSIA AND PANEL DISCUSSIONS

The following information for authors and discussants is reprinted for the edification of all members:

1. All members taking part in such programs should have a manuscript ready for presentation to the Section Secretary. The manuscript does not need to be followed verbatim at the meeting itself, but must be available for consideration by the Editor of CALIFORNIA MEDICINE for publication in that Journal.

2. All manuscripts become the property of the California Medical Association until officially released, upon written request of the author, for publication elsewhere.

3. Members are reminded that each lantern slide takes approximately one minute for presentation and that no lantern slides should have more than about six lines of text on them. Lantern slides containing voluminous chart or statistical data are largely a waste of time. The interest of the audience is better held by succinct presentation of the principal points.

4. Authors must inform Section Secretaries in advance of the meeting of any special equipment needed for presentation of papers, other than standard lantern slides (3½" x 4" glass slides).

5. Extra time is not allowed for the presentation of slides, movies or other material, however remarkable, except by arrangement at least three months prior to the annual meeting.

6. Authors submitting charts or pictures for use with their articles when published are reminded of the rule limiting to \$25 the amount which CALIFORNIA MEDICINE may spend for engravings to reproduce the illustrations. (Twenty-five dollars will buy approximately a half page of engravings for shaded drawings or photographs and three-quarters of a page of absolute black and white engravings. When an author wishes to include more engravings than can be paid for by CALIFORNIA MEDICINE under its \$25 limitation, the usual practice is to bill him for the amount by which the cost of engravings exceeds the limit.)

INFORMATION FOR SECTION SECRETARIES

The following information is being reprinted for the benefit of all Section Secretaries:

1. All papers read at the Annual Meeting must be ready for handing to the Section Secretary at that meeting.

2. Speakers should be urged to prepare a condensed version of their papers for verbal presentation (in addition to the regular copy for submission to the Section Secretaries for the Editor of CALIFORNIA MEDICINE).

3. All papers must be preceded by an abstract not to exceed 50 words, mailed to the Association office, 450 Sutter Street, San Francisco, by February 1.

4. Papers should be designed for presentation in 15 minutes; the maximum time allowed is 20 minutes. The Section Chairmen should signal speakers at the end of 17 minutes, to indicate that only three minutes remain.

5. Discussions should ordinarily be limited to five minutes; no person may speak twice on a subject except by permission of the meeting; the authors' closing discussions are limited to five minutes.

6. Section Chairmen are requested to notify speakers when their time is reached.

7. Under special circumstances (distinguished authorities, specially invited discussants, members of symposia, etc.), speakers or discussants may be allocated times longer than the above. This must be done by prearrangement, with the allotted time indicated in the program.

8. All papers read at the Annual Meeting are accepted on the condition that they are contributed solely to CALIFORNIA MEDICINE; members desiring to publish their papers elsewhere must make written application to the Editor.

9. A member may not present a paper in each of two succeeding years, or more than one paper at each session. Failure of a member to comply with these rules precludes acceptance of further papers for a period of two years.

10. Section Secretaries *must* inform the Committee on Scientific Work in advance of the Annual Meeting of any special equipment needed for speakers, other than standard size lantern slide projector and screen.

Proposed Amendments To C.M.A. Constitution

First publication of six resolutions to amend the Constitution of the California Medical Association is made herewith. The resolutions were introduced in the House of Delegates at the 1947 annual meeting and are to be voted upon at the 1948 annual meeting.

Proposed constitutional amendment relative to annual assessment of dues

RESOLVED, That Section 1 of Article XI of the Constitution of this Association, California Medical Association, be and the same hereby is amended by

adding to said section paragraph headings, by adding to said section a provision that the House of Delegates shall have power to reduce the annual per capita assessment of dues upon certain conditions, and by recasting said section to read as follows: "Section 1.—Annual Assessment of Dues—Other Sources of Funds—Appropriations.

"(a) Annual Dues: Funds shall be raised by equal annual per capita assessment of dues from the active and associate members, assessment of dues upon the associate members to be one half of that upon the active members. The amount of the assessments shall be fixed by the House of Delegates by a majority vote of the members present and voting.

"(b) Waiver of Dues—War Service: Annual dues may be reduced or waived with respect to those members serving in the armed forces of the United States during the whole or any part of any year, and the Council may in its discretion refund in whole or in part from the funds of the Association dues paid in 1940 or in 1941 by or on behalf of active members if such members were at the time actually in the service of the armed forces of the United States.

"(c) Reduction of Dues—Special Cases: The House of Delegates, in fixing the amount of annual dues for any year, may at the same time provide for a reduction in annual dues for such year for those active members of the Association who, during the year, are ill or injured and wholly unable to engage in the practice of medicine or other gainful employment for a period of three or more consecutive months, or for those active members who engage in postgraduate work during the year, or for those active members who graduated from medical school less than five years prior to the first day of January in the year concerned. The House of Delegates, in providing for reduction of dues for any or all of the foregoing classes of active member, may designate the amount of the reduction and the procedure whereby such reduction may be obtained by an active member entitled thereto, or may delegate to the Council the power to fix the amount of the reduction and the procedure for obtaining same.

"(d) Other Sources of Funds—Special Assessments: Funds may also be raised by any of the following methods: I. publications of the Association; II. voluntary contributions; III. bequests, legacies, devises, and gifts; IV. special assessments levied by the House of Delegates; and V. in any other manner approved by the House of Delegates. In the event that the House of Delegates levies any special or other assessment other than the annual assessment of dues, it may, in the resolution levying the assessment, fix and determine the time within which such assessment must be paid, the class or classes of members of the Association upon whom it is levied, and the penalty, if any, including forfeiture or suspension of membership in this Association or the component county medical society, or both, to result from nonpayment thereof within the time prescribed.

"(e) Appropriations of Funds: Any resolution passed and adopted by the House of Delegates at any

regular or special session thereof, which provides for or contemplates the appropriation or expenditures of the sum of more than \$1,000, shall not be effective for any purpose unless and until approved by the Council. All appropriations, regardless of amount, approved and made by the Council, shall, if expended, be reported to the House of Delegates at its next annual session, and any unexpended portion of any thereof shall be included in the annual budget.

"(f) Physicians' Benevolence Fund: At least \$1.00 out of the annual dues paid by each member of the Association shall be allocated to the Physicians' Benevolence Fund and shall only be used for the purposes as set forth in the By-Laws."

Proposed constitutional amendment relative to life membership

RESOLVED, That Section 1 (e) of Article IV of the Constitution of this Association, California Medical Association, be amended to read as follows: "(e) Life Members.

"Qualifications: Life members of the California Medical Association may be elected by the Council on the recommendation of any component county society from those active members thereof who (1) have been active members of this Association continuously for a period of twenty (20) years or more and are more than fifty (50) but less than sixty (60) years of age and have tendered to this Association a life membership fee of one hundred fifty dollars (\$150.00) or such other sum as the House of Delegates may from time to time determine; or (2) have been active members of this Association continuously for twenty-five (25) years or more and are more than sixty (60) but less than sixty-five (65) years of age and have tendered to this Association a life membership fee of one hundred dollars (\$100.00) or such other sum as the House of Delegates may from time to time determine; or (3) have been active members of this Association continuously for a period of twenty-five (25) years or more, are more than sixty-five (65) but less than seventy (70) years of age and have tendered to this Association a life membership fee of fifty dollars (\$50.00) or such other sum as the House of Delegates may from time to time determine; or (4) have been active members of this Association continuously for twenty-five (25) years or more and are more than seventy (70) years of age. Those active members falling within Classification 4 need not be recommended by any component county society but are eligible to life membership on direct application to the Council. The Council may not elect to life membership any active member whose membership has not been continuous or who has ever been censured, suspended or expelled from the American Medical Association, this Association, any state medical association which is a constituent unit of the American Medical Association, or any county medical society which is a component part of this Association or a unit of any other state medical association.

"Obligations and Rights: Life members shall not

pay dues and shall not be liable for assessments of any kind or nature. If active membership in good standing is maintained in his component county society, each life member shall have the right to vote, to hold office, and shall have all other rights and privileges of the Association. If active membership in his component county society is not maintained, the rights and privileges of a life member shall be those of a retired member."

Proposed constitutional amendment relative to rights of active members

Subdivision (a) of Section 1 of Article IV of the Constitution of this Association, California Medical Association, is hereby amended by adding to the end of the second paragraph of said subdivision (a) the following: "except that an active member who is gainfully employed or retained, whether compensated by a salary, commission, retainer or other method, by this Association or by any component county society or by any corporation, association or organization controlled by this Association or any component county society, may not hold office in this Association or be a member of the House of Delegates during such time as he is so gainfully employed or retained."

So that the second paragraph of said subdivision (a) of Section 1 of Article IV of the Constitution shall hereafter read as follows: "Rights: An active member shall have the right of suffrage and all other rights and privileges of the Association; except that an active member who is gainfully employed or retained, whether compensated by a salary, commission, retainer or other method, by this Association or by any component county society or by any corporation, association or organization controlled by this Association or any component county society, may not hold office in this Association or be a member of the House of Delegates during such time as he is so gainfully employed or retained."

Proposed amendment to the constitution relative to additional classes of membership

RESOLVED, That Article IV, Section 1 of the Constitution of this Association, California Medical Association, is hereby amended by adding a new subdivision to read as follows:

"(f) Additional Classes of Membership: The House of Delegates may, from time to time, establish special and limited classes of membership in this Association for internes, junior and senior residents, or house officers, practicing in hospitals in this state. In establishing such special membership for internes, junior and senior residents, or house officers, the House of Delegates may determine the qualifications, duration and privileges of such membership. Unless the House of Delegates determines to the contrary, such special members shall not pay dues. The House of Delegates may also from time to time provide for affiliation with the California Medical Association, on an affiliate basis, of undergraduate medical students attending medical schools in this state. Mem-

bership obtained under this subsection (f) shall not carry with it the right to vote or hold office."

Proposed amendment to the constitution relative to inactive members

RESOLVED, That section (f) be added to Article IV to read as follows: (f) Inactive Members: Qualifications—The Council may elect as inactive members, on recommendation of the component county societies concerned, any member in good standing who leaves his practice for a period of six or more months to engage in bona fide postgraduate study, or who leaves his practice by reason of protracted illness and for whom payment of dues would be a hardship. Obligations and Rights—Inactive members shall not pay dues and shall not have the right to vote or to hold office, or if holding an office during the period away from practice shall relinquish that office.

Proposed constitutional amendment relative to dues of members in the armed services

RESOLVED, That the Constitution of the California Medical Association shall be amended: By changing Article XI, Section 1, Paragraph 2, thereof, to read as follows: "Annual dues may be reduced or waived with respect to those members serving in the armed forces of the United States during the whole or any part of any year, and in respect to any member for any cause, upon the recommendation of the Council or Executive Board or body of the respective member's component county medical association or society, and"

In Memoriam

BRUSCO, HENRY DOMINIC. Died in San Francisco, August 24, 1947, age 61. Graduate of the Cooper Medical College, San Francisco, 1908. Licensed in California in 1909. Doctor Brusco was a retired member of the San Francisco County Medical Society and the California Medical Association.

BURROWS, MONTROSE THOMAS. Died in Los Angeles, August 21, 1947, age 62. Graduate of the Johns Hopkins University School of Medicine, Baltimore, Maryland, 1909. Licensed in California in 1924. Doctor Burrows was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

COHN, HERBERT JACOB. Died in San Francisco, August 10, 1947, age 62, of a heart attack. Graduate of the University of California Medical School, Berkeley-San Francisco, 1909. Licensed in California in 1909. Doctor Cohn was a member of the San Francisco County Medical Society, the California Medical Association, and the American Medical Association.

EVANS, GEORGE HERBERT. Died in Berkeley, September 5, 1947, age 78, of a stroke. Graduate of the Wayne University College of Medicine, Detroit, Michigan, 1891. Licensed in California in 1891. Doctor Evans was a retired member of the

San Francisco County Medical Society, the California Medical Association, and Affiliate Fellow of the American Medical Association.

FAGAN, SHULER FRANCIS. Died in Los Angeles, September 4, 1947, age 52, of a heart attack. Graduate of the College of Medical Evangelists, Loma Linda-Los Angeles, 1924. Licensed in California in 1924. Doctor Fagan was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

FARROW, EDGAR JAMES. Died in San Diego, September 23, 1947, age 76. Graduate of the University of California Medical School, Berkeley-San Francisco, 1900. Licensed in California in 1900. Doctor Farrow was a member of the San Diego County Medical Society, the California Medical Association, and an Affiliate Fellow of the American Medical Association.

JONES, HARRISON WILLIAM. Died in Bakersfield, August 26, 1947, age 69, of coronary occlusion. Graduate of the University of Michigan Medical School, Ann Arbor, 1904. Licensed in California in 1912. Doctor Jones was a member of the Kern County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

MCCONNELL, ORBAN GAYLE. Killed near Santa Cruz, September 21, 1947, age 57, when his car plunged off a cliff. Graduate of the Washington University School of Medicine, St. Louis, Missouri, 1924. Licensed in California in 1932. Doctor McConnell was a member of the Santa Clara County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

NELSON, ROY FRANK. Died in Oakland, September 5, 1947, age 48. Graduate of Stanford University School of Medicine, Stanford University-San Francisco, 1924. Licensed in California in 1924. Doctor Nelson was a member of the Alameda County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

ROBINSON, SAMUEL. Died in Montecito, September 17, 1947, age 70, of hypertensive and arteriosclerotic heart disease. Graduate of Harvard Medical School, Boston, Massachusetts, 1902. Licensed in California in 1918. Doctor Robinson was a member of the Santa Barbara County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

SAMSON, PIETER. Died in Marysville, August 11, 1947, age 69, of a heart attack. Graduate of Rijks-Universiteit te Leiden Faculteit der Geneeskunde, Netherlands, 1908. Licensed in California in 1920. Doctor Samson was a member of the Yuba-Sutter-Colusa County Medical Society, and the California Medical Association.

SCHUBERT, FELIX HERBERT. Died in Los Angeles, September 11, 1947, age 44. Graduate of the College of Medical Evangelists, Loma Linda-Los Angeles, 1934. Licensed in California in 1935. Doctor Schubert was a member of the Los Angeles County Medical Association, the California Medical Association, and the American Medical Association.

THIBODEAU, JOSEPH ALEXANDER. Died in San Francisco, September 1, 1947, age 70. Graduate of the University of Montreal Faculty of Medicine, Quebec, 1903. Licensed in California in 1910. Doctor Thibodeau was a retired member of the San Francisco County Medical Society, the California Medical Association, and an Affiliate Fellow of the American Medical Association.